

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		1/3	7/3/01
FORMALITY REVIEW	MD	508	01/05/02
RESPONSE FORMALITY REVIEW	FM	927	01/05/02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
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31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
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88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
111	✓
112	✓
113	✓
114	✓
115	✓
116	✓
117	✓
118	✓
119	✓
120	✓
121	✓
122	✓
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129	✓
130	✓
131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

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66-50583  
 12/4/01  
 7/3/02